

## **Department of State - Business Services Division**

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2021 MAY 10 AM 11: 30

## Annual Report for the year: 2011 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 000140748	2. Exact name of the Limited Liability Company  MIGRANT, LLC					
3. NAICS Code 487210	Brief description of the character of business conducted in Rhode Island     MANAGEMENT OF A MOTOR VESSEL					
5. State of Formation RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
189 Narragansett Blvd			Portsmouth	RI	02871	
7. Mailing Address of Limited Lia	ability Company	and Name or Tit	le of Contact Person	1		
Contact Name Francis Lee Davidson			Contact Title Manager			
Street Address 189 Narragansett Blvd			City Portsmouth	State RI	<sup>Zip</sup> 02871	
8. List ALL managers (names a		of the Limited Lia	bility Company, IF APPLICAE	BLE - DO NOT LIST I	MEMBERS	
Manager Name Francis Lee Davidson			Manager Name			
Street Address 189 Narragansett Blvd			Street Address			
<sup>City</sup> Portsmouth	State RI	<sup>Zip</sup> 02871	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<del></del>	_1	<del>-                                    </del>	Check the box to i	ndicate an attachment	
9. The Resident Agent informati	on currently of a	ecord with the RI	Department of State is accu	rate. Changes require	e filing Form 642.	
Under penalty of perjury, I dec statements, and that all states				g any accompanyin	g schedules and	
Name of Authorized Person				Date		
Francis Lee Davidson				5.7.	5.7.21	
Signature of Authorized Person						

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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